

BEST AVAILABLE COPY

Lamont Harder
PCT International Division
(703) 345-1333

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. **10/049604** FILING DATE _____
APPLICANT(S) _____

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11	1			
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23	1			
24	1			
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36			1	
37				
38				
39				
40				
41				
42				1
43				1
44				1
45				1
46				1
47				1
48				1
49				1
50				1
STAL 21				
STAL 22				
STAL 23				
STAL 24				
STAL 25				
STAL 26				
STAL 27				
STAL 28				
STAL 29				
STAL 30				
STAL 31				
STAL 32				
STAL 33				
STAL 34				
STAL 35				
STAL 36				
STAL 37				
STAL 38				
STAL 39				
STAL 40				
STAL 41				
STAL 42				
STAL 43				
STAL 44				
STAL 45				
STAL 46				
STAL 47				
STAL 48				
STAL 49				
STAL 50				
STAL 51				
STAL 52				
STAL 53				
STAL 54				
STAL 55				
STAL 56				
STAL 57				
STAL 58				
STAL 59				
STAL 60				
STAL 61				
STAL 62				
STAL 63				
STAL 64				
STAL 65				
STAL 66				
STAL 67				
STAL 68				
STAL 69				
STAL 70				
STAL 71				
STAL 72				
STAL 73				
STAL 74				
STAL 75				
STAL 76				
STAL 77				
STAL 78				
STAL 79				
STAL 80				
STAL 81				
STAL 82				
STAL 83				
STAL 84				
STAL 85				
STAL 86				
STAL 87				
STAL 88				
STAL 89				
STAL 90				
STAL 91				
STAL 92				
STAL 93				
STAL 94				
STAL 95				
STAL 96				
STAL 97				
STAL 98				
STAL 99				
STAL 100				
TOTAL IND.				
TOTAL DEP.				
TOTAL DEP.				